James Lynn O'Hines / aka Jackson Malloy
PLAINTIFF/PETITIONER/MOVANT'S NAME

197067 / K86989
PRISON NUMBER

ASPC Florence Eymn Complex SMU II
PLACE OF CONFINEMENT

Box 3400 4040 Florence Az 85232
ADDRESS

FILED
APR 25 2008
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY ___ DEPUTY

United States District Court

Southern District Of California

James Lynn O'Hines 197067,
Plaintiff/Petitioner/Movant

v.

Ombudsman Onmverees,
Defendant/Respondent

Civil No. 08CV0699DMS(BLM)
(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED __IN FORMA PAUPERIS__

I, James Lynn O'Hines 197067, declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☑ Yes ☐ No (If "No" go to question 2)
   If "Yes," state the place of your incarceration Florence Eymn Complex SMU II
   Are you employed at the institution? ☐ Yes ☑ No
   Do you receive any payment from the institution? ☐ Yes ☑ No
   [Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☑ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. Henry's Mkts. Uncle Robert Dougherty U.S. of A. 4000 B/K of San Diego Ca. Health Food Stores (1997 hired finally) 1980's invited to work. 19 to 24 % of stocks, shares, and annuities, dividends. "Steve Montague Maintenance" Landscaping San Diego Ca. 40.00 a day cash to 60.00 a day cash Sept. 2004.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A Sept 2004 48.00 SSI 998.00 physical and mental temporary disability.

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment ☑ Yes ☐ No
b. Rent payments, royalties interest or dividends ☑ Yes ☐ No
c. Pensions, annuities or life insurance ☑ Yes ☐ No
d. Disability or workers compensation ☐ Yes ☑ No
e. Social Security, disability or other welfare ☐ Yes ☑ No
e. Gifts or inheritances ☑ Yes ☐ No
f. Spousal or child support ☐ Yes ☑ No
g. Any other sources ☑ Yes ☐ No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. Unestimatable. Bof A 1994 to 3/26/06 deposits BMI of Capital Records Hollywood Rich Stovall atty w/ K.S. Countryman P.C. Keith Urban Royalties Criminal infringements 17 USCA § 506 18 USCA § 2314-2320 & HHS 42 USC § 1396r 500.00 day 25,000.00 a mo. Fed. crim. rule 4 (a)(2)(4)(1).

4. Do you have any checking account(s)? ☐ Yes ☑ No

a. Name(s) and address(es) of bank(s): ______

b. Present balance in account(s): ______

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☑ No

a. Name(s) and address(es) of bank(s): ______

b. Present balance in account(s): ______

6. Do you own an automobile or other motor vehicle? ☐ Yes ☑ No

a. Make: ______ Year: ______ Model: ______

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? ______

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
☒ Yes ☐ No
If "Yes" describe the property and state its value. Native American Seminole property Strasburg Rd. Moultrie County Illinois Wildlife game refuge 5 acres. 6th Judicial Circuit.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. children daughter and neice Ms. Kimberly Lee Lee Ms. Jasmine Dougherty 18 yrs. of age 2008. Senior Father. HIV+ brother. Within means.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): Ms Angela Hunt Sanchez mother of child DOB 1990 Alexian Bros. Hospital St. Louis Mo.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): Fox Harbor (1), (2) Inheritance, C/o Acres (3) Legal work, (4) "Artwork Nostalgic pop Art" (5) Jimmy Lee (6) Songs: Hilltop Records contract 1985 "the Weavers" of Nashville Tn. Santa Barbara Ca.

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. 10.00 a month. indigent health and welfare supplies. 2.88 Legal supplies.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

3/9/08 James Lynn Lee (signature)
DATE SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant James Lynn O'Hinos aka Jackson Malloy,
(NAME OF INMATE)

Jimmy Lee 197367 K86489,
(INMATE'S CDC NUMBER)

has the sum of $ 6.00 on account to his/her credit at Florence Az

ASPC Florence Eyman Complex SMU II.
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities property effects legal work to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's ***average monthly balance*** was $ 0.00,

and the ***average monthly deposits*** to the applicant's account was $ 0.00.

ALL PRISONERS ***MUST*** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

03/21/08
DATE

D Ford
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

D Ford
OFFICER'S FULL NAME (PRINTED)

CO III
OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, James Lyon O'Hair 197067 #, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ $350 (civil complaint) or ☐ $5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

3/10/08
DATE

James Lyon O'Hair 197067
SIGNATURE OF PRISONER